

Methamphetamines:

A Guide for Parents and Other Caregivers

Center for Substance Abuse Prevention
Substance Abuse Resource Guide

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Methamphetamines: A Guide for Parents and Other Caregivers

Methamphetamine (meth) has been the most prevalent clandestinely produced controlled substance in the United States since the 1970's. Meth is used on its own or in tandem with other drugs like alcohol, cocaine, or heroin to produce its reputed effects--euphoria, hyperactivity, and a sense of being invulnerable.

No matter how empowering methamphetamine seems, statistics tell a different story: Between 1993 and 1995, deaths due to meth overdoses rose 125 percent; between the first half of 1996 and the first half of 1997, meth-related emergency room visits doubled (according to SAMHSA's Drug Abuse Warning Network).

While the median age of the habitual meth abuser is 30 years, the drug is beginning to strengthen its hold on teenagers. The number of 12- to 17-year-olds who reported having used meth has increased dramatically in the past few years. Parents should be aware of the easily accessible Internet information available on methamphetamines, including recipes and places to obtain ingredients for manufacturing the drug.

There's an old adage that "speed kills"; SAMHSA, conversely, is looking for ways to "kill speed" and is finding that the most efficient weapon against the spread of meth abuse is education. We hope that this resource guide can be used as the first line of defense against meth's deadly grip by providing resources, referrals, and information to prevent and combat its abuse.

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December 1999

The listing of materials or programs in this resource guide does not constitute or imply endorsement by the Center for Substance Abuse Prevention, the Public Health Service, the Substance Abuse and Mental Health Services Administration, or the Department of Health and Human Services. The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

This Substance Abuse Resource Guide was compiled from a variety of publications and data bases and represents the most current information to date. It is not an all-inclusive listing of materials on this topic. This guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in future editions, please write to the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, or to info@health.org.

Produced by the National Clearinghouse for Alcohol and Drug Information, George Marcelle, editor.

For further information on alcohol and other drugs, call 301-468-2600, 800-729-6686, or TDD 800-487-4889. Or visit us on our World Wide Web site at <http://www.health.org>.

Please feel free to be a "copy cat," and make all the copies you want. You have our permission!

Inventory Number MS704b

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Section 1 -- Prevention Materials

About "Crystal Meth" and "Ice"

Organization: Channing L. Bete Co, Inc.
Year: 1994
Format: Booklet
Length: 15 pages
Target Audience: General Public
Inventory Number: #37770
Availability: Channing L. Bete Co, Inc.,
200 State Road,
South Deerfield, MA 01373,
800-628-7733 (89 cents)

The dangers of methamphetamine (meth) are described. The physical and psychological side effects of these drugs are detailed in the booklet, along with the explanation that because meth is a "man made" drug, prepared in makeshift, unsupervised laboratories, it is even more dangerous. Readers are urged to understand the risks of meth use and production, and to seek treatment if they are using it.

The Dangers of "Meth": What You Should Know

Organization: Channing L. Bete Co., Inc.
Year: 1997
Format: Booklet
Length: 15 pages
Target Audience: Community Service Groups; Educators; Junior and Senior High Youth; and Young Adults.
Inventory Number: 706198
Availability: Channing L. Bete Co, Inc.,
200 State Road
South Deerfield, MA 01373,
800-628-7733 (89 cents)

This booklet explains that many people are unaware of the dangers of using methamphetamines (meth). Some individuals may be under the impression that using meth is safer than using cocaine. Dangers of Meth explains that toxic ingredients, such

as battery acid and drain cleaner, are often used to produce the drug. Also, the risks of physical addiction and psychological dependence are discussed, including the damage and dangerous effects that meth can have on a person's body and mind.

Drug Smart: Test Your Chemical I.Q.

Organization: Do It Now Foundation
Year: 1991
Format: Brochure
Length: 8 Pages
Target Audience: General Public
Availability: Do It Now Foundation
P.O. Box 27568
Tempe, AZ 85285,
602-491-0393 (\$10 for 50)

This brochure provides a 10-question drug quiz, which includes questions on alcohol, crack cocaine, and methamphetamines. Detailed answers are provided for each question.

Drugs 101: Methamphetamine

Organization: William Gladden Foundation
Year: 1994
Format: Brochure
Length: 6 pages
Target Audience: Youth and General Public
Availability: Continental Press
520 East Bainbridge Street
Elizabethtown, PA 10022,
800-233-0759 (44 cents)

This brochure describes methamphetamine (meth) and discusses why people use it. The brochure describes meth's addictiveness, its physical and psychological effects, and its potential as a deadly drug. Strategies for abusers who want to stop using meth are also reviewed.

FactFile: Methamphetamines & Ice-Drug Abuse Prevention

Organization: The Bureau for At-Risk Youth
Year: 1994
Format: Brochure

Length: 6 Pages
Target Audience: General Public and Prevention Professionals
Availability: The Bureau for At-Risk Youth
135 Dupont Street, P.O. Box 760
Plainview, NY 11803-0760
800-999-6884 (49 cents)

Readers can learn about the health hazards associated with use and abuse of methamphetamines (meth), and its concentrated form, "ice" in this brochure. Factfile explains the ways in which these substances work, and the short- and long-term effects they have on the central nervous system. Included are suggestions for dealing with an overdose of the drug, and recommendations for further reading.

Ice: New Drug, New Problem

Organization: AGC Educational Media
Year: 1992
Format: VHS Video
Length: 25 Minutes
Target Audience: Prevention and Treatment Professionals, and Health Care Providers
Availability: AGC Educational Media
1560 Sherman Avenue, Suite 100
Evanston, IL 60201
800-323-9084. (\$295)

Various aspects of methamphetamine use are discussed in this video. New Drug, New Problem makes it clear that this is a very dangerous and highly addictive drug that is available in the illicit drug market for less than the price of cocaine. Different methods used for ingesting the drug, its physical effects, and the dangers of its use are discussed and illustrated.

"Ice" Speed, Smoke & Fire

Organization: Do It Now Foundation
Year: 1991
Format: Brochure
Length: 8 Pages
Target Audience: Junior and Senior High Youth, and Young Adults

Availability: Do It Now Foundation
P.O. Box 27568
Tempe, AZ 85285
602-491-0393 (\$10 for 50)

This brochure describes "ice," a smokeable form of methamphetamine. It discusses the effects, problems, and hazards associated with methamphetamine use, and discusses ways to stop using ice.

It's Your Business: Drug Awareness-LSD, PCP, Ecstasy, and Ice

Organization: American Council for Drug Education
Year: 1993
Format: Brochure
Length: 8 Pages
Target Audience: Employees and General Public
Availability: American Council for Drug Education
164 West 74th Street
New York, NY 10023
800-488-DRUG (50 cents)

This brochure delineates the effects of a variety of illegal drugs, including LSD, PCP, Ecstasy, and ice, a smokeable form of methamphetamine.

Methamphetamine: An Icy Road

Organization: Wisconsin Clearinghouse
Year: 1996
Format: Fact Sheet
Length: 2 Pages
Target Audience: Youth and General Public
Availability: Wisconsin Clearinghouse
P.O. Box 1468
Madison, WI 53701-1468
800-322-1468. (\$9 for 25 copies)

Icy Road explains basic facts about how methamphetamine (meth) can cause physical harm. The fact sheet warns that meth is often mixed with other drugs, causing users to ingest impurities and toxins. The fact sheet also warns that methamphetamine is highly addictive, both physically and psychologically.

Methamphetamine and "Ice"

Organization: William Gladden Foundation
Year: 1992
Format: Booklet
Length: 20 Pages
Target Audience: General Public
Availability: Continental Press
520 East Bainbridge Street
Elizabethtown, PA 10022
800-233-0759. (\$2.95)

This booklet includes a series of questions and answers about methamphetamine (meth). It lists conditions that lead to meth addiction, describes physical and psychological effects of meth use, offers steps toward quitting, provides resources for information or help, and suggests reasons why individuals use the drug.

Methamphetamine: Facts and Figures

Organization: Office of National Drug Control Policy (ONDCP)
Year: 1996
Format: Booklet
Length: 75 Pages
Target Audience: General Public
Availability: ONDCP Drugs and Crime Clearinghouse
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332. (free)

Excerpts from selected Federal Government publications containing methamphetamine information are presented in this booklet. Data includes prevalence of methamphetamine use, production estimates, laboratory seizures, and trafficking and distribution patterns.

Methamphetamine: Under the Ice

Organization: Syndistar, Inc.
Year: 1997
Format: VHS Video
Length: 16 Minutes

Target Audience: Senior High School Youth, Young Adults, Parents, and the General Public
Availability: Syndistar, Inc.
5801 River Road
New Orleans, LA 70123
800-841-9532 (\$195)

Under the Ice presents information about methamphetamine (meth) describing how and where it is produced, providing a short history of meth, and explaining short- and long-term physical and mental effects of meth use. Also included is a discussion of addiction, and withdrawal symptoms. The video explains how to recognize and confront users, how to resist external pressure to use meth, and how to pursue recovery from meth use. Footage of labs in Missouri and Iowa shows the dangerous conditions of makeshift meth laboratories.

Section 2 -- Studies, Articles, and Reports

Citizens and Outlaws: The Private Lives and Public Lifestyles of Women in the Illicit Drug Economy

Morgan, P.; Joe, K.A.
Journal of Drug Issues, 26(1): 125-142, 1996

Availability: Journal of Drug Issues
P.O. Box 4021
Tallahassee, FL 32303

In-depth interviews were combined with survey questionnaires to explore the patterns, contexts, and consequences among an ethnically and culturally diverse sample of 150 moderate to heavy drug users in each of three sites: San Francisco, San Diego, and Honolulu. One of the most important findings concerns the unexpectedly high proportion of women with substantial experience as methamphetamine dealers and distributors. More than two-thirds of the 141 female respondent users participated in the illicit meth market. The majority considered dealing as a positive experience that provided economic independence, self-esteem, and professional pride. Dealing was seen as supportive in their important need to maintain control. Major problems reported included: arrests and incarceration; violence; lack of trust in, and betrayal by, customers; and social and emotional dependency on the drug to feel normal and function without fear on a social level.

The Lives and Times of Asian-Pacific American Women Drug Users: An Ethnographic Study of Their Methamphetamine Use

Joe, K.A.

Journal of Drug Issues, 26(1): 199-218, 1996

Availability: Journal of Drug Issues

P.O. Box 4021

Tallahassee, FL 32303

Although Asian-Pacific Islander Americans have a long history in American society and represent the fastest growing minority group, they remain a relatively unknown and obscure population. While ethnic myths about Asian women continue to persist, the complexities of the lives of Asian-Pacific Islander American women remain a mystery. This article represents the first ethnographic account of Asian-Pacific Islander American women drug users, and specifically explores their onset and patterns of drug use and coping strategies in relation to the competing cultural claims on their lives.

Meth, Men, and Myths: Increased Risk in the Gay Community

Prevention Pipeline, May/June, 1996 pp. 12-14

Availability: National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345

Rockville, MD 20847-2345

Methamphetamine (meth)-related emergency room visits increased by 258 percent, and meth-related deaths nearly tripled between 1991 and 1994. There seems to be greater usage of this drug by gays and lesbians. This, it is conjectured, is the result of the drug's initial aphrodisiac effects. Sex under the influence of this drug often involves multiple partners, heightening risks for HIV/AIDS. In addition, meth use can have other adverse effects such as hyperthermia, convulsions, cardiovascular problems, and strokes.

Meth Use-and Problems-Up

Prevention Pipeline May-June 1996; pp. 9-11

Availability: National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345

Rockville, MD 20847-2345

From 1991 to 1994, methamphetamine (meth) deaths reported by medical examiners in 24 metropolitan areas nearly tripled, according to the Drug Abuse Warning Network (DAWN). Instances of seizures of both meth and precursor chemicals along the southwest border have increased. Public awareness campaigns that emphasize the dangers of meth use could make strides toward promoting the public health message that speed still kills.

Methamphetamine Abuse Continues To Explode and Problems Mount

Narcotics Enforcement and Prevention Digest, September 5, 1996, pp. 7-8

Availability: Washington Crime News Services
3918 Prosperity Avenue
Suite 318, Fairfax, VA 22031

Amphetamine and methamphetamine (meth) abuse is increasing at a phenomenal rate in Washington State. The abuse is causing increases in psychiatric admissions, obsessive behaviors, drug-exposed infants, child abuse, and exposure to HIV/AIDS. In the early 1990s, a 3-year study found that hospital emergency room visits for meth overdoses had tripled. Seattle is the nearest port of entry for Asia, where government control of the precursor chemicals used to produce meth is lax. As a result, Seattle is the major meth trafficking site for this region of the United States.

Methamphetamine Abuse and Addiction: National Institute on Drug Abuse Research Report Series

National Institutes of Health, April 1998

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

Based on latest Federal research, this report answers a series of questions including: What is methamphetamine (meth)? What is the scope of meth abuse in the United States? How is meth used? Are meth abusers at risk for contracting HIV/AIDS and hepatitis B and C? What treatments are effective for meth abusers? Where can I get further scientific information about meth abuse? A glossary of terms and a list of published resources are included.

Methamphetamine: Facts and Figures

Office of National Drug Control Policy, 1997

Availability: ONDCP Drugs & Crime Clearinghouse

P.O. Box 6000

Rockville, MD 20849-6000

Investigative, seizure, price, purity, and abuse data indicate that methamphetamine (meth) trafficking and abuse in the United States has been on the rise over the past few years. The Federal Government is preparing regulations to further reduce the diversion of pharmaceutical products containing chemicals such as ephedrine and pseudoephedrine that are used to produce illegal drugs. In addition to the large-scale domestic production of meth in California, this drug is increasingly produced in Mexico and smuggled into the United States. The labs used to make this drug contain ignitable, corrosive, reactive, and toxic chemicals that, when combined, have resulted in explosions, fires, toxic fumes, and irreparable damage to human health and to the environment. Organized crime drug lords operating out of Mexico currently dominate the wholesale meth trafficking in the United States.

Methamphetamine Menace?

Forensic Drug Abuse Advisor, June/July 1997, p. 26

Availability: Forensic Drug Abuse Advisor

P.O. Box 5139

Berkeley, CA 94705

Despite recent concern about increasing methamphetamine (meth) abuse, deaths from meth toxicity are about one-tenth of those from cocaine, according to the 1993 Drug Abuse Warning System (DAWN) Survey. An 11-year study by the Office of the San Francisco Medical Examiner found fewer meth-related deaths in 1996 than in 1986. The deceased were overwhelmingly white, male, and approaching middle-age (39.1 years). While there was an increase in the number of meth cases in the early 1990s, the peak occurred in 1995 and has decreased steadily ever since.

Methamphetamine Use is Up...and Spreading

Prevention Pipeline, March/April 1997, pp. 7-9

Availability: National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345

Rockville, MD 20847-2345

Three issues emerged from two conferences that focused on national and regional epidemiology, special populations, and consequences of meth use, treatment, and prevention. They were: (1) that meth use and related problems are escalating at alarming rates in western States; (2) user profiles and practices differ among communities and user categories; and, (3) meth is not yet a major problem in other areas of the country, even in the largest metropolitan areas.

The National Methamphetamine Drug Conference: May 28-30, 1997 Conference Proceedings

Office of National Drug Control Policy, 1998

Availability: ONDCP
750 17th Street
NW, Washington, DC 20503

Speakers at this National meeting held in Omaha, Nebraska to review current methamphetamine problems and countermeasures included ONDCP Director Barry R. McCaffrey; U.S. Senator J. Robert Kerry, Nebraska Gov. E. Benjamin Nelson, U.S. Attorney General Janet Reno, and Thomas Constantine, head of the Drug Enforcement Administration. Workshops led by prominent national figures from the private sector, government, and the academic world developed summary statements on prevention, education, treatment, clandestine labs, drug courts, and precursor chemical control. A distinguished panel of physicians provided a medical perspective for methamphetamine problems.

Proceedings of the National Consensus Meeting on the Use, Abuse, and Sequelae of Abuse of Methamphetamine with Implications for Prevention, Treatment, and Research

Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, 1996

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

This June 1996 meeting was called by Nelba Chavez, Ph.D., Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), in San Juan, Puerto Rico. Participants included epidemiologists, researchers, law enforcement, medical practitioners and other treatment experts, prevention planners and advocates,

and public officials. This document provides a review of what is known about methamphetamine; a review of the national drug abuse strategy; information on epidemiology and patterns of use; and a list of prevention strategies. The proceedings also include information on methamphetamine effects on behavior; nervous system, developmental, and other organ toxicity; toxic psychosis; treatment outcomes in community programs; medication development efforts at the National Institute on Drug Abuse (NIDA); and gaps in knowledge about methamphetamine.

Recent DAWN Data on Methamphetamine/Speed

Office of National Drug Control Policy, 1997

Availability: ONDCP

750 17th Street, NW, 8th floor
Washington, DC 20500

Data on methamphetamine (meth) abuse from hospital emergency department (ED) and medical examiner (ME) reports are presented for 1992-1995. These data provide estimates of meth use patterns by metropolitan area, and include total ME deaths by metropolitan area along with trends in deaths related to meth abuse. The largest number of ED reports of meth occurred in major western and southwestern cities. There is a growing number of ME-recorded meth episodes in Oklahoma City and Salt Lake City.

Response to Escalating Methamphetamine Abuse Builds on NIDA-Funded Research

Swan, N.

NIDA Notes, Vol. 11, No. 5, November/December 1996

Availability: National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20847-2345

A summary of the recent findings of NIDA's Community Epidemiology Work Group is included in this report. The report confirms that methamphetamine use has been prevalent in west coast cities and in western and southwestern communities, including many rural areas. Abuse of the drug now is being reported in urban settings in the West, Midwest, and elsewhere. NIDA-supported research projects seeking to determine chemical brain changes in methamphetamine users are described, and preliminary findings discussed.

The Social Construction of a Gay Drug: Methamphetamine Use Among Gay and Bisexual Males in Los Angeles

Reback, Cathy J.; Ditman, David 1997

Availability: City of Los Angeles
Office of AIDS Coordinator
215 West 6TH Street, Third Floor
Los Angeles, CA 90014

An ethnographic study based on reported evidence states that methamphetamine (meth) is the most popular drug used in the gay communities on the west coast and that this drug is more widely used among these communities than elsewhere. Authors conducted 25 individual interviews with meth-using gay and bisexual men and five focus groups of 38 such individuals. Observational field work involved visits to bars, sex clubs, bathhouses, bookstores, circuit parties, street corners, bus stops, fast food stands, cruising areas, abandoned buildings, and coffee houses. The 79-page report includes extensive quotations from interview and focus group participants. It also includes data analysis and a set of nine recommendations for prevention, intervention and treatment of meth problems in this population. The Office of AIDS Coordinator, City of Los Angeles funded the project.

Ideology, Pregnancy and Drugs: Differences Between Crack-Cocaine, Heroin, and Methamphetamine Users

Irwin, K.
Contemporary Drug Problems 22(4): 613-638, 1995

Availability: Katherine Irwin
University of Colorado at Boulder, Campus
Box 327, Boulder, CO 80309

The experiences of crack cocaine, heroin, and methamphetamine users are compared, and the interpreted experiences of pregnant addicts in recent research are discussed. Few studies have taken into consideration the daily life experiences of pregnant addicts, and even fewer have placed these experiences within a structural context. Drug users' experiences vary, as do their ideologies about the drugs they use. Crack cocaine users are more likely than any other group to fear the negative effects of their drug use on the fetus they are carrying. Heroin-using women, although concerned about the effects of their drug use, are primarily concerned with avoiding potential parental

custody problems. Methamphetamine-using women were unsure of the potential harm to themselves or to the fetus they carry. Women in all three groups tend to avoid prenatal care clinics.

Methamphetamine Abuse and Addiction

National Institute on Drug Abuse, April 1998

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

This is an eight-page summary of current bio-medical research findings about methamphetamine presented in a question and answer format. A glossary and a list of resources are included.

Methamphetamine: How It is Used and How It Works

Substance Abuse Report, August 1997, p. 8

Availability: Warren, Gorham & Lamont
31 St. James Avenue
Boston, MA 02116

In the Midwest, methamphetamine (meth) use is becoming more pervasive. Barry McCaffrey, director of the Office of National Drug Control Policy, has announced a \$10 million anti-meth campaign; this will include funding to study the drug's use and methods for recovery, to enforce anti-meth laws, and to clean up illicit labs. In addition, the College on Problems of Drug Dependence, in a recent report, describes the ways meth is used and how it works-important information for treatment professionals as meth users, in greater numbers, start seeking care.

METHAMPHETAMINE and HIV/AIDS

Going Nowhere Fast: Methamphetamine Use and HIV Infection

Rotheram-Borus, M.J.; Luna, G.C.; Marotta, T.; Kelly H.
The Context of HIV Risk Among Drug Users and Their Sexual Partners, 1994,
pp. 155-186

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

To decrease the levels of HIV risk for adolescents through effective intervention programs, it is necessary to understand the contexts of their sexual behaviors. The contexts and activities of gay and bisexual male youths that might place them at higher risk for HIV infection are explored. Selected case studies are presented of three gay or bisexual individuals living with HIV or AIDS. Their lives are characterized by a history of substance use and methamphetamine (meth) abuse. The youths' developmental course was affected as they came to terms with their respective sexual orientations while functioning within meth-addicted subcultures. Common gateways to meth use, or the means of getting high, are discussed. Behavioral patterns of addicted persons are described, including "tweaking," "freaking," and "over-amping." Individual attempts to adapt to, function with, curtail, or discontinue meth use and pervasive self-destructive practices are explored. Intervention strategies are identified that appear to help youth modulate or cease meth use, and thereby reduce future HIV-risk activities.

HIV-Related Risk Behaviors Among Homosexual and Heterosexual Recent Arrestees

Annon, J.; Anglin, M.; Danila, B.; Shoptaw, S.
Problems of Drug Dependence 1996: Proceedings of the 58th Annual
Scientific Meeting: The College on Problems of Drug Dependence, Inc.

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

Information about high-risk HIV transmission behaviors was obtained from a sample of 881 men arrested in Los Angeles County: 3.7 percent of respondents had sex with men, and 96.3 percent did not. The former group reported a significantly higher percentage of HIV-risk behaviors in nearly all measures. They were more likely to report feeling addicted to methamphetamine and PCP in the past year than their heterosexual counterparts. Homosexuals and heterosexuals also differed in assessing their own HIV-related risk behaviors, with 60 percent of the homosexual men rating their chances of getting AIDS as either very likely or likely compared to 17 percent of the heterosexual men. More homosexual men admitted to being tested for HIV and to being HIV seropositive than did the heterosexual men. Homosexuals also were more likely to share needles and pay for sex with drugs or money.

Homosexuals also reported a greater frequency of psychiatric and psychological problems-including suicide attempts and psychiatric hospitalizations-and higher incidence of gonorrhea, syphilis, tuberculosis, and hepatitis. They also were more likely to have been raped or beaten, to report illegal income, and to need public assistance than were heterosexuals.

Preliminary Report on Sexual HIV Risk Behaviors Among Urban Gay Male Methamphetamine Abusers

Frosch, D.; Shoptaw, S.; Rawson, R.; Ling, W.

Problems of Drug Dependence 1996: Proceedings of the 58th Annual Scientific Meeting: The College on Problems of Drug Dependence, Inc.

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

Data collected from 16 gay and bisexual male methamphetamine (meth) abusers between 1989 and 1993 using the NIDA/WAVE questionnaire-a semi-structured interview of HIV-related risk behaviors-were examined to determine if gay male meth abusers engage in high-risk sexual acts. Findings indicated that drug use was frequently used to enhance (often unprotected) sexual activity, and used during sex with someone who had HIV/AIDS.

Qualitative Research Considerations and Other Issues in the Study of Methamphetamine Use Among Men Who Have Sex With Other Men

Gorman, E.M.; Morgan, P.; Lambert, E.Y.

Qualitative Methods in Drug Abuse and HIV Research, 1995

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

This article demonstrates the connection between methamphetamine (meth) use and the HIV/AIDS epidemic among men who have sex with other men (MSMs). The authors delineate the cultural and sociological contexts of the use of meth in this population, and emphasize the importance of contextual understanding in measuring and reducing this problem. While MSMs who are injecting drug users constitute 7 percent of the U.S. AIDS caseload, the rate climbs to 10 to 12 percent of all AIDS cases in the western United States. In some cities, meth-using MSMs may constitute as many as 80 to 90

percent of all AIDS cases. This article provides detailed data analyses to support conclusions relevant to prevention, intervention, and treatment.

Speed, Sex, Gay Men, and HIV: Ecological and Community Perspectives

Gorman, M.E.; Bar, B-D.; Hansen, A.; Robertson, B.; Green, C.
Medical Anthropology Quarterly, 11(4): 505-515, 1997

Availability: The American Anthropological Association
4350 North Fairfax Drive, Suite 640
Arlington, VA 22203-1620

Fifteen years into the HIV/AIDS pandemic, a great deal is now known about the impact the disease has on different populations, including those affected directly or indirectly by drug use. Anthropology has played a critical role in assisting with this task by identifying hidden populations, developing new methodological approaches, and targeting outreach efforts. In spite of this considerable body of ethnographic knowledge, male drug users have not received the same research attention as other populations, despite the fact that they represent nearly one-fifth of AIDS cases in the United States with injection drug histories.

CRIME/LAW ENFORCEMENT ISSUES

Diet Pills Becoming Choice for Methamphetamine Cooks

Narcotics Enforcement and Prevention Digest April 18, 1996, pp. 1-2

Availability: Washington Crime News Services
3918 Prosperity Avenue, Suite 318
Fairfax, VA 22031-3334

Over-the-counter diet pills and cold remedies are a key ingredient in the manufacture of methamphetamine. Ephedrine is usually the main ingredient, but with Federal crackdowns, meth manufacturers are buying the chemically similar pseudoephedrine, which is found in a large number of cold, diet, and allergy pills. Stores selling large quantities of cold remedies to a single individual should be aware that it is illegal to knowingly possess or distribute chemicals for illegal manufacture of a controlled substance.

Meth Continues to Soar in West, With Mexican Help

Narcotics Enforcement and Prevention Digest, January 23, 1997, pp. 1-3

Availability: Narcotics Enforcement and Prevention Digest
5724 Highway 280 East
Birmingham, AL 35242-6818

This brief article looks at continued abuse of methamphetamine (meth) in the western United States. Drug enforcement officials blame Mexican drug traffickers and Chinese chemical exporters for this trend. The Mexican and Chinese governments are also being condemned for lack of attention to this problem. Medical findings indicate that the effects of meth linger 2 years after the abuse of the drug stops. The meth epidemic is being compared to the prevalent use of crack cocaine in the 1990s.

Methamphetamine Abuse and Trafficking No Longer Regional: Epidemic is Spreading Across U.S.

Feldkamp, R.H.
Narcotic Enforcement and Prevention Digest 2(7): 1-3, 1996

Availability: Washington Crime News Services
3918 Prosperity Avenue, Suite 318
Fairfax, VA 22031-3334

Methamphetamine (meth) abuse is at epidemic proportions, and sophisticated criminal organizations (located primarily in Mexico), are controlling the distribution of this stimulant. Meth breeds aggressive and belligerent behavior. Production, trafficking, and distribution of meth is an increasing domestic threat. In addition to domestic manufacture, meth is produced in bulk quantities in Mexico and smuggled into the United States. Mexican meth traffickers belong to polydrug trafficking organizations. By the late 1980s, traffickers and clandestine laboratory operators discovered the ease with which ephedrine, a primary meth precursor, could be converted to meth. By the early 1990s, Mexican traffickers had become the major source in the United States of illicit meth.

Methamphetamine Precursor Chemical Control in the 1990s

U.S. Department of Justice, 1997

Availability: U.S. Department of Justice
Office of Justice Programs

National Institute of Justice
Washington, DC 20531

When the Chemical Diversion and Trafficking Act imposed controls upon the import, export, and distribution of bulk ephedrine powder, drug traffickers switched to using ephedrine tablets, which were exempt under the law. When the Domestic Chemical Diversion Control Act effectively closed the law's ephedrine loophole, clandestine lab operators switched to the use of pseudoephedrine to make methamphetamine (meth). By the early 1990s, Mexican traffickers had become the major source in the United States of illicit meth. Diplomatic efforts undertaken by the Drug Enforcement Agency's (DEA's) Office of Diversion Control with foreign governments has virtually eliminated the massive diversion of ephedrine from foreign sources sought by the Mexican traffickers. However, traffickers and lab operators continue to find ways to adjust to DEA's diplomatic and legislative initiatives. Currently, there is massive diversion of pseudoephedrine from domestic distributors. A brief overview is provided of the meth problem in the United States, and how it has evolved in recent years, from both trafficking and abuse perspectives.

Methamphetamine Returns

Kleiman, M.; Satel, S.
Drug Policy Analysis Bulletin January 1997

Availability: Drug Policy Analysis Bulletin
Federation of American Scientists
307 Massachusetts Avenue, NE
Washington, DC 20002

The number of deaths from methamphetamine (meth) has tripled in the United States since 1992, largely because of an influx of Mexican meth. While most users report preferring cocaine to meth, meth is a more cost-effective option for users, partly because the effective dose is smaller, and partly because meth's effects last longer. Putting controls on the precursor chemicals made a serious dent in U.S. domestic producing during the late 1980s and 1990s. It is contended that if Mexico can be persuaded to impose and enforce such controls, the United States might be able to shut off the flow of meth at its source. Heavy meth users will present themselves in three different guises: as substance abusers in need of treatment, as psychiatric emergency room cases with stimulant-generated psychoses, and as criminal defendants in cases of one or another degree of assault.

Methamphetamine Situation in the United States: Drug Intelligence Report

U.S. Department of Justice, 1996

Availability: Intelligence Production Unit
Intelligence Division
Drug Enforcement Administration Headquarters
Washington, DC 20045

This report finds that methamphetamine production, trafficking, and abuse are on the rise. This expansion of the methamphetamine trade is being driven, in large part, by the extensive involvement of criminal organizations in Mexico. In some areas of the country, methamphetamine is now the drug of choice, surpassing cocaine.

National Methamphetamine Strategy Update

U.S. Department of Justice, 1997

Availability: Bureau of Justice Statistics Clearinghouse
P.O. Box 6000
Rockville, MD 20850

The Government's strategy on methamphetamine, which encompasses prevention, law enforcement, and education is provided in this report. The national strategy was developed to address the emerging methamphetamine threat, and to provide a coordinated government response to the problem. The trafficking and abuse of this synthetic drug continues to be a national problem. The report provides a historical overview of methamphetamine abuse, and explains the Comprehensive Methamphetamine Control Act of 1996. Specific law enforcement approaches and initiatives are considered.

Traffic and Illegal Production of Drugs in Rural America

O'Dea, P.; Murphy, B.; Balzer, C.
Rural Substance Abuse: State of Knowledge and Issues, 1997

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

An overview of nationwide trends in the illegal traffic of methamphetamine, methcathinone, cannabis, and crack cocaine is provided. Methamphetamine and methcathinone, both powerful central nervous system stimulants, are manufactured in clandestine laboratories located primarily in the western and midwestern United States. These drugs are produced, distributed, and consumed domestically, often in remote rural locations across the country. Growing competition and effective law enforcement in large cities have forced drug manufacturers to relocate production facilities to remote areas in order to evade detection and to exploit potential consumer pools. Rural areas are ill-equipped to manage the rapid increase of drug distribution and abuse, and the resulting health and social problems.

PREVENTION/TREATMENT

How to Treat Methamphetamine Abusers: CADD

Substance Abuse Report July 15, 1997, pp. 1-3

Availability: Warren, Gorham, and Lamont
31 St. James Avenue
Boston, MA 02116

Since California is one of the few States in which there is a widespread regional epidemic of methamphetamine (meth) use, the California Alcohol and Drug (CAD) Data System provides one of the most comprehensive sources of information on meth treatment outcomes. Meth use accounts for one third of treatment admissions in California, and is the most common reason for seeking treatment. When secondary drug use is considered, the percentage of meth-related drug treatment admissions jumps to nearly 40 percent. Rural treatment programs are more likely than urban treatment programs to see primary meth admissions. Of the available treatment programs, the outpatient drug-free type is currently the most popular, followed by residential detoxification, and day care treatment. About 41 percent of meth abusers complete treatment. Among the different treatment services received are educational classes, residential detoxification, ambulatory detoxification, activity groups, 12-step programs, day treatment, case management, and sober living. The 12-step programs yield the highest completion rates. Three different populations of methamphetamine and cocaine abusers were studied: those entering an outpatient treatment program; those entering and outpatient demonstration program; and gay men who were either seeking or not seeking treatment.

Imipramine for the Treatment of Cocaine and Methamphetamine Dependence

Galloway, G.P.; Newmeyer, J.; Knapp-Duncan, T.; Stalcup, S.A.; Smith, D.
Problems of Drug Dependence 1994: Proceedings of the 56th Annual Scientific Meeting:
The College on Problems of Drug Dependence, Inc., Harris, L.S., Ed.

Availability: National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345

A treatment trial was conducted with imipramine using cocaine and methamphetamine abusers at the drug detoxification, rehabilitation, and aftercare program of the Haight-Ashbury Free Clinics to test the efficacy of imipramine as a treatment for stimulant dependence, and to establish the feasibility of conducting a controlled clinical practice. Retention in treatment was significantly longer for subjects who were treated with 150 mg of imipramine compared to control subjects; however, no consistent difference existed among the percentage of urine samples that tested positive for stimulant use. There also wasn't a consistent difference among Beck Depression Inventory scores or stimulant craving between the two groups of subjects.

Integrating Treatments for Methamphetamine Abuse: A Psychological Perspective

Huber, A.; Ling, W.; Shoptaw, S.; Gulati, V.; Brethen, P.; Rawson, R.
Journal of Addictive Diseases 16(4): 41-50, 1997

Availability: Journal of Addictive Diseases
Haworth Press
10 Alice Street
Binghamton, NY 13904

Recent increases on the west coast with regards to recorded incidents of methamphetamine use is showing signs of spreading to other parts of the United States. The risk of unleashing corresponding medical and psychosocial problems has led to a call to action at the highest levels of local, State, and Federal governments. To establish a clear picture of the biological and psychological sequelae of methamphetamine use, two groups were compared (500 methamphetamine and 224 cocaine users) and treated at the same outpatient clinic over a 9-year period, using identical manualized treatment. The results suggest that while there are important differences in group characteristics and drug effects, the total response to treatment was comparable.

ONDCP Details New Program to Combat "Meth" Epidemic

Narcotics Enforcement and Prevention Digest June 5, 1997, pp. 1-2

Availability: Washington Crime News Services
3918 Prosperity Avenue, Suite 318
Fairfax, VA 22031

This article discusses the establishment of a \$10 million forfeiture fund to counter the burgeoning spread of methamphetamine (meth) in the United States. The Drug Enforcement Agency (DEA) reports that the use of meth has reached epidemic proportions and that sophisticated criminal organizations are controlling its distribution. The National Institute on Drug Abuse will fund a study of the long-term effects of meth use, the development of anti-meth medications and treatment protocols, and a study of the epidemiology of meth use.

Section 3 -- Groups, Programs and Internet Access Sites

Alcoholics Anonymous
A.A. World Services, Inc.
P.O. Box 459
New York, NY 10163
212-870-3400.
<http://www.alcoholics-anonymous.org/>

Centers for Disease Control and
Prevention
1600 Clifton Road, NE
Atlanta, GA 30333
800-311-3435
<http://www.cdc.gov/cdc.htm>

Drug Enforcement
Administration/Office of Intelligence
Liaison and Policy
Intelligence Division
Washington, DC 20006

202-301-8265
<http://usdoj.gov/dea>

Hazelden Foundation
CO 3, PO Box 11
Center City, MN 55012-0011
800-257-7810
<http://www.hazelden.org>

Join Together
441 Stuart Street, Seventh Floor
Boston, MA 02116
617-437-1500
<http://www.jointogether.org>

Marin Institute for the Prevention of
Alcohol and Other Drug Problems
24 Belvedere Street
San Rafael, CA 94901
415-456-5692

Nar-Anon Family Groups
P.O. Box 2562
Palos Verdes Peninsula, CA 90274
213-547-5800

Narcotics Anonymous
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

National Clearinghouse for Alcohol
and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 TDD
<http://www.health.org>

National Council on Alcoholism
and Drug Dependence (NCADD)
12 West 21st Street, Seventh Floor
New York, NY 10010
800-NCA-CALL
<http://www.ncadd.org>

National Crime Prevention Council
Fulfillment Center
P.O. Box 1
100 Church Street
Amsterdam, NY 12010
800-NCPC-911
<http://www.ncpc.org>

National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
301-565-4167
<http://nhic-nt.health.org>

National Institute on Drug Abuse
Division of Epidemiology and Prevention
Research
5600 Fishers Lane, Room 9A-53
Rockville, MD 20857
<http://www.nida.nih.gov>

National Parent Information Network
ERIC Clearinghouse on Elementary and
Early Childhood Education
University of Illinois at Urbana-
Champaign
Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469
800-583-4135

<http://ericps.ed.uiuc.edu/npin/npinhome.html>

Office of Minority Health
Rockwall II Building, Suite 1000
5600 Fishers Lane
Rockville, MD 20857
800-444-6472
<http://www.omhrc.gov>

ONDCP Drugs & Crime Clearinghouse
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332
<http://www.whitehousedrugpolicy.com>

Rational Recovery Systems
P.O. Box 800
Lotus, CA 95651
916-621-2667
<http://www.rational.org/recovery>

U.S. Department of Health and Human
Services
200 Independence Ave., SW
Washington, DC 20201
202-619-0257
<http://www.hhs.gov>

U.S.-Mexico Border Health Association
6006 N. Mesa, Suite 600
El Paso, TX 79912
915-581-6645